



Kathy Dent
SUPERVISOR OF ELECTIONS

October 18, 2012



Dear [REDACTED]

The Sarasota County Supervisor of Elections has received information from the Florida Division of Elections regarding your citizenship status, bringing into question your eligibility as a registered voter.

Per Florida law, only U.S. Citizens are allowed to register to vote. See s. 97.041, *Fla. Stat.* (2012). In addition, registering to vote under fraudulent conditions or swearing a false oath are both third degree felonies in Florida. See s. 104.011, *Fla. Stat.* (2012).

If the information from the Florida Division of Elections is inaccurate regarding your citizenship status or if your citizenship status has recently changed, please stop by our main office with any *original* documentation that demonstrates U.S. citizenship. Do not mail these documents. You may want to call us prior to visiting our main office. Also, you may request an administrative hearing with the Supervisor of Elections to prove U.S. citizenship.

You must complete the attached Voter Eligibility Form and return it to the Supervisor of Elections Office within 15 days of receipt. **Failure to submit this form within fifteen (15) days will result in the removal of your name from the voter registration rolls and you will no longer be eligible to vote. A nonregistered voter who casts a vote in the State of Florida may be subject to arrest, imprisonment, and/or other criminal sanctions.**

Please contact the Supervisor of Elections Office at the address or telephone number below or e-mail kdent@sarasotavotes.com if you have any questions regarding this letter.

Sincerely,

Kathy Dent
Sarasota County Supervisor of Elections

Enclosures: Voter Eligibility Form

Si Usted habla español y desea más información, por favor comuníquese con nuestro Departamento de Servicio al Cliente al Teléfono, 772-462-1500 y con mucho gusto le ayudaremos

Revised 09/25/2012

VOTER ELIGIBILITY FORM

**Failure to return this form within thirty (30) days will result
in the removal of your name from the voter registration system.**

PLEASE PRINT

NAME OF VOTER:

LAST FIRST MIDDLE

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

-OR-

FLORIDA DL NUMBER: _____

-OR-

FLORIDA ID CARD NUMBER: _____

CURRENT ADDRESS OF VOTER:

PHONE NUMBER: (HOME) (____) ____ - ____ (WORK) (____) ____ - ____ - ____

SEX: ☐ MALE ☐ FEMALE

RACE: _____

(THIS INFORMATION IS NEEDED TO VERIFY THE VOTER'S IDENTITY.)

Please check the statement below that applies to you:

- ☐ I agree with your information and do not require an administrative hearing.
- ☐ I will provide valid documentary evidence of U.S. citizenship to the Supervisor of Elections within 30 days of receipt of this form or lose my eligibility to vote.
- ☐ I request an administrative hearing to prove that I am a citizen of the United States.

SIGNATURE OF VOTER: _____ DATE: _____

(THIS FORM CANNOT BE ACCEPTED WITHOUT VALID SIGNATURE AND DATE)

(It is a criminal offense to knowingly make a false statement in writing with the intent to mislead a public official in the performance of his or her official duty. See s. 837.06, F.S.)